exudations, were also prevalent. Dr. Richardson was constructing a table which would probably be of great value to surgeons, showing by meteorological observations certain relations of temperature, barometric pressure, dryness of the air, amount of ozone, etc., when fibrinous deposits might or might not be feared.

Dr. ROUTH said that in the *éclat* of operation it was perhaps not sufficiently considered that this tendency to fibrinous deposits was perhaps remediable. It was not because it was epidemic that we should remain satisfied, and let our patients die. Diphtheria was such a disease, and yet physicians tried to cure it, and often did. Rheumatism also was a disease in which there was a tendency to fibrinous deposits, but it too was curable. Why not try the same means with this affection at its onset? Dr. Richardson had stated to him that rheumatic fever was amenable to ammonia, and the alkaline treatment for that disease was common. In peritonitis accompanied with flocculent deposits, the fluid was often acid, showing that the blood was less alkaline than normal, and pointing to the use of alkalies, which might also be found useful in ante-mortem clots.—*Med. Times and Gaz.*, May 15 and 29, 1869.

52. *Cystitis in the Female.*—M. DEMARQUAY observes that this is a common affection, although it is generally but little studied. Those, however, who take the trouble to examine the urine of patients who apply to them on account of diseases of the uterus or its appendages will soon convince themselves of the fact. He is frequently consulted, both in private and hospital practice, by young women who suffer much in voiding the urine, and on examination he finds slight redness of the urethral mucous membrane, with or without tumefaction. Several of these patients had been submitted to various modes of treatment without effect, some even having been subjected to cauterization for the relief of pains supposed to be neuralgia. The pains occur under two circumstances—either when the urethra itself is inflamed, or when the urine is changed in its condition and contains pus. These last cases are due to a chronic cystitis, and the urine placed in champagne glasses deposits a certain amount of muco-pus.

The intimate relations connecting the uterus and bladder leads to the latter becoming influenced by the affections of the former. In acute diseases of the uterus, every one is aware of the more or less considerable disturbance in the emission of urine which takes place; but in chronic affections of the uterus the condition of the bladder has not excited sufficient attention. M. Demarquay has met with several cases of chronic metritis complicated with chronic cystitis, which have been completely misunderstood, which the more easily happens as the patients themselves rarely draw attention to the fact of the pain in passing urine, and the frequency with which it has to be voided. Usually the cystitis yields to the treatment adopted for the metritis when this proves successful; but still, in some cases, women in whom the uterine affections seem perfectly cured still continue to complain of suffering. The exploration of the uterus does not explain this, but on exploring the bladder and examining the condition of the uterus the cause of the suffering is explained. In fact, under some circumstances, most difficult to determine, a cystitis which originally arose from the proximity of the diseased uterus persists with obstinacy long after the latter has been effectually cured. This coincidence of acute or chronic cystitis with acute or chronic disease of the uterus has been noticed by various surgeons, but M. Demarquay does not believe that its frequency is sufficiently acknowledged.—*Brit. and For. Med.-Chir. Review*, April, 1869, from *Union Médicale*, October 3, 1868.

OPHTHALMOLOGY.

53. *Colour Blindness resulting from Neuritis.*—Colour blindness as a pathological condition is sufficiently rare to make every case of the kind worthy of being recorded. Dr. J. J. CHISHOLM, formerly of Charleston, S. C., now of

Baltimore, Md., records (*Royal London Ophthalmic Hospital Report*, April 1869) the following case:—

Mrs. C., æt. 35, heretofore enjoying always perfect health, was attacked July, 1865, with typhus fever, and only recovered after a very severe struggle. When convalescence had set in, she gained flesh rapidly, and in a couple of months, from the day of attack, she weighed more than she had ever done. One month from the establishment of convalescence, on going to bed, she perceived a numbness in the soles of her feet, which progressed upwards, and by morning she had lost sensation in her lower extremities. During that day a mist or haziness came over the right eye, unaccompanied at first by any uneasiness. With the increasing haziness pain came on accompanied by some injection of the conjunctiva. She suffered intensely for some hours with pain in the eyeball, and as this subsided, this eye was left, in about thirty-six hours from the earliest symptom, totally blind. Similar phenomena then made their appearance in the left eye, and running through the same phases, culminated in thirty-six hours in the destruction of sight in it. In three days from the commencement of this attack she was left in utter darkness. With the exception of an unusual dilatation of both pupils, the eyes were to all appearances perfectly natural. This condition of total blindness continued for two weeks, after which time the perception of strong light returned, and in a few months she could with either eye distinguish large objects at a short distance.

She first came under my observation February, 1866. She could not then read No. 20 Jaeger's test-types. At this time the deadened sensation of the legs and feet had not altogether passed off, although her thighs and even legs were quite sensitive. Both pupils were still unnaturally dilated. Strychnia and iron with bark were prescribed and taken for several weeks with decided benefit.

The patient was again examined in November, 1866. With effort she can now read brilliant (No. 1 Jaeger test-types) with either eye. Her distant vision for small objects is very unsatisfactory. In looking at the carpet upon the floor she can only discern the pattern immediately around the spot upon which she is standing. Six feet off it can only be made out by staring intently for some little time. With this effort she can discern even small objects. The most interesting connection in the case is the defect in detecting colour, achromatopsia. For a long time her vision was achromatic. Even when small objects could be clearly defined, she could distinguish colours only as either white and black, or shades of gray. The restoration to chromatic vision showed itself in a slowly growing perception of blue shades. After some months the shades of yellow could be perceived. Reds cannot yet be detected. All the shades of red appear brown.

In both eyes there is still moderate dilatation of the pupils with torpidity in iritic movements. Also a prominence of both globes. At no time has there been any interference in the movement of either eye. The first ophthalmoscopic examination gave a shaded outline to the disk. The second examination, after an interval of six months, exhibited a clearly defined disk of decided pallor—atrophy to a certain extent.

Acuteness of hearing has been restored with perfect sensibility in the lower extremities. During the attack there were no other cerebral symptoms than those indicated.

Some cases of a similar character are referred to in the preceding No. of this Journal, p. 558.

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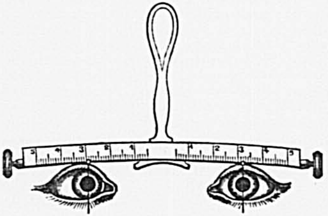
54. *Herpetic Form of Strumous Ophthalmia* [*Exanthematous Ophthalmia*].—Mr. R. S. Oglesby published (*Practitioner*, May, 1869) some interesting though not very novel remarks on this affection.

He observes: "Before proceeding to active treatment, instructions regarding diet, regulation of the bowels, &c. should be given. The diet should be plentiful, simple and nutritious; and all articles of food likely to unduly tax the digestive powers (which are as a rule weak in such children) should be carefully avoided. Strict attention should be paid to the bowels, which ought to be opened at least once during each day, but oftener if the appetite be faulty, the tongue loaded, and the feces light coloured and of bad odour. These preliminary instructions having been attended to, special treatment may be adopted.

"It is well to begin with small doses of arsenic in form of Fowler's solution. Two drops may be given thrice daily, in some bitter infusion, to a child between one and two years of age, and gradually increased to four drops. Seldom is it requisite to further increase the dose. Arsenic appears to exercise a marked control over the febrile symptoms of this disease. As the herpetic eruption diminishes, the child ceases to shun the light, and as the rash fades the pustule on the eye heals. The benefit of fresh air in the more obstinate forms of the disease is well known; but it is often difficult to convince parents that exercise in the fresh air will benefit the child. They imagine that it is rather hurtful than otherwise, because the intolerance of light is then a distressing symptom, proper means not having been taken to shade the eyes. A ready method is to place over each eye a pad of cotton wool, and over the pads a bandage, which should encircle the head, and be tied on the occiput. The pads should be frequently renewed and the eyelids washed with warm water."

55. *Binocular Strabismometer.*—M. Beclard presented to the Academy of Medicine of Paris, on the 23d ult., a very ingenious and simple little instrument invented by Dr. GALEZOWSKI—a binocular strabometre. Every surgeon knows how important it is in the operation for strabismus, to measure with exactitude the degree of deviation as well as the precise result obtained by tenotomy. With the strabometre of Dr. Laurence, which has to be moved from one eye to the other in order to compare the degree of deviation, this is often very difficult. The binocular strabometre of Galezowski does not present the same inconvenience; the two needles which slide in the sulcus of the screw, are easily placed opposite to the centre of each cornea; and by the divisions which are marked upon the horizontal bar, we immediately note the position. The instrument is composed of a horizontal branch, upon which slide two needles destined to indicate the degrees, and which place themselves opposite to the centre of each corresponding cornea. This transverse bar is held on a level with the eyelids, the handle of the instrument upwards, and the fork of the bar against the root of the nose. On turning the little buttons attached to the extremities of the bar, the needles move from right to left and left to right, until each one is found to be opposite the centre of the pupil, as is shown upon the accompanying figure. The graduation of the transverse bar gives us the degree of deviation with the greatest precision.—*Med. Times and Gaz.*, April 10, 1869.



56. *Congenital Ptosis Treated by Operation.*—The three following cases of this, under the care of Mr. SPENCER WATSON at the Central London Ophthalmic Hospital, are reported in the *British Medical Journal*, Feb. 6, 1869:—

CASE I. A child, two years of age, was brought in September, 1866, with congenital ptosis of the right eye. The upper lid was absolutely powerless and completely covered the pupil. On September 14th, chloroform having been administered, an elliptical piece of skin was dissected from the upper lid, commencing immediately below the eyebrow and reaching to within one-sixth of an inch of its ciliary border. Five or six stitches were inserted, and the edges brought into close apposition. On October 5th, the lid was in good position, and no trouble had been occasioned by the stitches.

CASE II. A child, three and a half years of age, had a partial ptosis of the left eye, the upper half of the pupil being constantly covered by the upper lid

On June 14, 1867, chloroform having been administered, a portion of the skin of the upper lid was pinched up by the forceps until the pupil and cornea were fairly in view, and the included skin snipped away by a stroke of the scissors. The edges of the wound were then brought together by sutures. For a few days after the operation the edge of the upper lid was a little averted, but within a week all swelling disappeared, and the lid assumed a very good position. July 10. The position of the upper lid was very satisfactory. The pupil was quite exposed when the child looked straight before it. Its appearance was much improved.

Case III. A lad, seventeen years of age, came to the Hospital in November, 1868, with complete ptosis of the left eye, dating from infancy. Though in ordinary positions of the head the whole pupil was covered, he could, by throwing his head back and making a strong effort, partially uncover it. In making this effort the left occipito-frontalis was thrown into strong action, and caused a one-sided wrinkling of the brow which was very remarkable. On November 10th chloroform was given, and an operation, similar to that in Case I. was performed on the affected eye; but in this instance a very much greater extent of skin was removed, and when the stitches were inserted the ciliary margin appeared to be tucked up close under the eyebrow, and the lid stood out from the eyeball in a way that seemed to threaten complete eversion. In the course of the week following, a great deal of swelling and some erysipelatous discoloration appeared, which went off under tonic treatment, and the local application of zinc ointment containing a small proportion of carbolic acid. The eversion of the eyelid gradually subsided with the swelling of the tissues, and by November 20th it had assumed a very good position. December 4. The pupil was completely exposed in ordinary positions of the head. The lower lid could be brought into close contact with the upper, but in sleep the eyeball was a little exposed. Sight and personal appearance were much improved. The very large portion of the skin here removed seemed to be at first unnecessarily extensive, but the subsequent progress of the case, and the patient's great satisfaction at the result, clearly prove that the amount removed was not more than was required. The very great distensibility of the skin in this region makes it necessary to remove a large piece in order to give an adequate result, and the action of the orbicularis will always be sufficient to provide a good covering for the lower part of the eyeball, though immediately after the operation it may appear as if this were impossible.

In Case II. a much smaller piece of skin was removed than in Cases I. and III., because the effect desired was less; and the result proved that the operation performed was the right one.

MIDWIFERY.

57. *Labour Subsequent to the Cure of a Large Vesico-vaginal Fistula.*—Dr. McClintock reported to the Dublin Obstetrical Society (Feb. 13, 1869), the case of a patient who, after having been operated on for an extensive vesico-vaginal fistula (requiring nine stitches), became again pregnant and was naturally delivered of a large male child at the full term without any injury being sustained by the cicatrix or vagina. About two years had intervened between the final operation on the fistula—for more than one operation was required—and the date of the labour. The vagina was entirely free from bands or cicatrices, except that resulting from the plastic operation.—*Dublin Quarterly Journ. of Med. Sc.*, May, 1869.

58. *Hereditary Tendency to the Production of Twins.*—Dr. Curgenven exhibited a genealogical chart, illustrating the extreme hereditary tendency which existed in a family with which he was acquainted to the production of twins.—*Med. Times and Gaz.*, May 29, 1869.